(This	s form contains			ER REQUEST	on fron	n unauthorized dis	closure.		AIVE	R NUMBER
	ME (Last, First, A			ANIZATION/OFFICE SY		BASE		DSN		DATE
	upervior, I'm-			40FTS		Tyndall Al	FΒ	555-9999	)	2001 10 30
				NATURE OF	REQUE	ST				_
SYLLABUS WAIVER AFCAT WAIVER SENIOR OFFICER/KEY STAFF COURSE COVERAGE X OTHER										
STUDENT NAME	(Last, First, Mide	dle Initial)		GRADE	SSN			STUDENT ORG	ANIZ	ATION
	Problem, Ch	ild O.		O-1		764-46-3755		40FTS		
COURSE TITLE			COUE	RSE NUMBER	CLASS	NUMBER	START	DATE	LGE	RAD DATE
IFT			000.					0010720		0.10 0.7.7.2
	11 1						20010,20			
		de coordination bloc								
	•			cipating that he w				-		
				ver, following 9/1						
	•		_	his six week delay		_				
_	his previous	training. Mean	while,	Lt Problem's flig	ght ins	tructor develope	d a rare	case of scurv	y a	nd had to
relocate to	ave When the	a air chaca ra an	bonod	Lt Problem had t	o refre	och hie flight ekil	le mae	tar a naw air	crof	t and adapt to a
	•			imately 6.0 hours		•				-
him	a s style. Lt i	rootem spent a	рргол	matery 0.0 nours	icarin	ng the new an e	iait and	refreshing in	io or	ins. This left
	to finish the r	equirements and	l take	his checkride. I	want to	emphasize that	these p	roblems were	all	beyond Lt
short of time to finish the requirements and take his checkride. I want to emphasize that these problems were all beyond Lt Problem's control.										
NOTE:										
1. MENTION ALL EXTENUATING CIRCUMSTANCES RESULTING IN LOST HOURS										
2. STATE HOW MANY HOURS THE STUDENT CURRENTLY HAS										
3. STATE THE NUMBER OF "LOST" HOURS DUE TO CIRCUMSTANCES BEYOND THE STUDENT'S CONTROL										
DDODOGED COLL	DOE OF ACTION	10								
		(Continue comment			TUT	TTN	<b>3</b> 0	1 1 20 0		11 1.6
Grant Lt Problem an additional four hours to successfully complete IFT. The remaining 2.8 combined with the additional four										
hours we are requesting would be used as follows										
we are requesting would be used as follows 1.0 Solo										
2.0 Stage 3 Check										
1.8 FAA Checkride Prep										
2.0 FAA checkride										
NOTES:										
<ol> <li>YOUR SUPERVISOR MUST CHECK APPROVED AND SIGN LINE 1 BELOW</li> <li>THE BREAKDOWN OF HOURS MUST EQUAL THE TOTAL NUMBER OF HOURS REQUESTED.</li> </ol>										
2. THE BRE	EAKDOWN O	OF HOURS MUS	ST E	QUAL THE TOT	AL NU	JMBER OF HO	URS RI	EQUESTED.		
		T								
	RECOMMEND ORGANISTICS			COO		COORDINATION				
APPROVE	DISAPPROVE	ORG/OFFICE	<u> </u>		SIGN	ATURE		GRADE	+	DATE
1.										
2.										
3.										
4.										
FINAL APPROVAL										
5.										

CONTINUATION		